Assassination Records Review Board
Final Determination Notification

```
         AGENCY : HSCA
  RECORD NUMBER : 180-10070-10154
  RECORD SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :
```

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 7

Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

Number of Postponements: 3

Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

Board Review Completed: 10/24/95

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA
RECORD NUMBER : 180-10070-10154

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 07/11/77
PAGES : 7

SUBJECTS :
HSCA; ADMINISTRATION
SELLECK, ELIZABETH K.

DOCUMENT TYPE : PRINTED FORM
CLASSIFICATION : U
RESTRICTIONS : 3
CURRENT STATUS : P
DATE OF LAST REVIEW : 07/16/93

OPENING CRITERIA :

COMMENTS :
Box 3.

[R] - ITEM IS RESTRICTED

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION

Office of Workers' Compensation Programs

December 15, 1978

File No: A25-146626
Date of Injury: May 25, 1978
SSN: 531-50-7701

Ms. Elizabeth K. Selleck
4201 Cathedral Avenue
Washington, DC. 20016

We need additional information to make a determination regarding the claim you submitted for the injury indicated above. Please furnish the information requested in the items checked below and on the reverse of this form. Use a separate sheet of paper numbering the answers to correspond with the question numbers.

[X] 1. The Federal Employees' Compensation Act requires an injured employee to give written notice of injury to his/her supervisor within 30 days. State why this injury was not reported to your supervisor within that time.

[X] 2. Describe in detail exactly how the injury occurred. (For example, if you fell, state how far you fell, how you landed, etc. If lifting was the cause of injury, describe the object handled, its weight, what you did with it, etc.).

[X] 3. Give the names of any persons who witnessed your injury or had immediate knowledge of it.

Sincerely,

John Petty Jr.

JOHN PETTY, JR.
Supervisory Claims Examiner

Select Comm. on Assassinations
House of Representatives
HOB #2
Washington, DC. 20515

Include your address, ZIP code, and file number on all correspondence

Ltr. CA-1011
June 1975

[X] 4. State the immediate effects of the injury and what you did immediately thereafter.

[X] 5. Was any other injury sustained, either on or off duty, between the date of injury and the date it was first reported to (a) your supervisor and (b) to a doctor? If so, describe:

[X] 6. State the exact reason why you delayed seeking medical attention; also give the name and address of the doctor you first consulted and the date you were first examined for this injury:

[X] 7. Describe (a) your condition between the date of the injury and the date you first received medical attention, and (b) the nature and frequency of any home treatment:

[X] 8. Did you have any similar disability or symptoms before the injury? If so, describe the prior condition. Give the names and addresses of the physicians who treated you and the approximate dates you were treated:

[X] 9. Did you ever file a claim for workers' compensation benefits from any source? If so, give the date and nature of the injury, the name and address of the office where the claim was filed, and describe the benefits (if any) which you received:

[X] 10. Arrange for submission of a medical report on the enclosed Form CA-20 from the private physician who examined you as a result of this injury.

[ ] 11.

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION

Office of Workers' Compensation Programs
December 15, 1978

File No.: A25-146626
Date of Injury: May 25, 1978
Employee: Selleck Elizabeth K.

Noncontroverted [ ] Controverted [ ]

Select Com. on Assassinations
House of Representatives
HOB #2
Washington, DC. 20515

We have received Form CA-1 reporting an injury and your agency's response to the evidence submitted. It has been determined that:

[ ] 1. The facts of the injury and employment support the employee's contention that he/she was a Federal employee who sustained a traumatic disabling injury in the performance of duty. You should, therefore, continue his/her pay for the period of disability not to exceed 45 days.

[X] 2. The information of record is insufficient to make a decision on the case; however, you should continue the employee's pay without interruption. Additional information is required as noted on the reverse of this letter.

[ ] 3.

Sincerely,

John Petty Jr

JOHN PETTY, JR.
Supervisory Claims Examiner

Ms. Elizabeth K. Selleck
4201 Cathedral Avenue
Washington, DC. 20016

Include your address, ZIP code, and file number on all correspondence

Ltr. CA-1038
Rev. Apr. 1977

SELLECK, Elizabeth
Name of Employee

Address

Address

Phone Number

Position Title

Position Number   Level   Step

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
PERSONAL LEAVE RECORD

1978
YEAR

DATE OF APPOINTMENT: 7-11-77

PRIOR FEDERAL SERVICE: .... Years .... Months

ANNUAL LEAVE CATEGORY
1.0 ☐
1.5 ☐
2.0 ☐

BALANCE BROUGHT FORWARD FROM PRECEDING YEAR

Annual Leave	Sick Leave
1	5

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Accrued This Month: Annual Leave	Accrued This Month: Sick Leave	Available This Month: Annual Leave	Available This Month: Sick Leave	Used This Month: Annual Leave	Used This Month: Sick Leave	Balance at Close of Month: Annual Leave	Balance at Close of Month: Sick Leave	Employee Initials
Jan.				X	X	X																										1	1	2	6	3		1	6	
Feb.																	X															1	1	0	7	1		1	7	
Mar.																																1	1					0	8	
Apr.																																1	1					1	9	
May																																1	1					2	10	
June																																1	1					3	11	
July											X	X	X	X																		12	[illegible]	4	12			0	12	
Aug.																																								
Sept.																																								
Oct.																																								
Nov.																																								
Dec.																																								

Terminated 7-15-78

▭ (one diagonal) = 0.5 day annual leave
☒ = 1.0 day annual leave
S (one diagonal) = 0.5 day sick leave
S or S/S = 1.0 day sick leave
A (one diagonal) = 0.5 day administrative leave
A or A/A = 1.0 day administrative leave
U (one diagonal) = 0.5 day unauthorized absence
U or U/U = 1.0 day unauthorized absence
(one diagonal, shaded) = 0.5 day leave without pay
(shaded) = 1.0 day leave without pay

CERTIFIED CORRECT:

Employee's Signature ________ Date ________ Chief's Signature ________ Date ________
(If employee refuses to sign, state reason below.)

Approved: ________ Clerk of the House ________ Date ________

This record will be forwarded to the Clerk of the House at the end of each calendar year, or in case of termination, along with the request for termination. Upon approval, the record will be filed in the employee's official personnel folder.

EXHIBIT I

7-19-78

Tom:

I need a form CA-1 (Federal Employee's Notice of Traumatic Injury) to file a claim under Workmen's Compensation for a cut on my hand that I suffered on the job in May. Could you mail one to me please.

Thanks,

Liz Gillick

4201 Cathedral
Ave NW #218-W
Washington, DC
20016

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Elizabeth K. Selleck	7/15/78
Employee Social Security Number	**Type of Action**
531-50-7701	☐ Appointment ☐ Salary Adjustment ☐ Title Change ☒ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business__________ Specify Date)
Employing Office or Committee/Subcommittee	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________ If applicable, Level______ Step______

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date July 7, 1978

____
(Signature of Authorizing Official)

LOUIS STOKES, CHAIRMAN
(Type or print name of Authorizing Official)

____
(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

____
(Type or print name and title of above official)

____
(Title – If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:__________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code________

Monthly Annuity $______.00 as of ________

ID ________

Benefits ________

Payroll ________

(Revised: August 1, 1977)

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Elizabeth K. Selleck	7/11/77
Employee Social Security Number	**Type of Action**
531 50 7701	☒ Appointment ☐ Salary Adjustment ☐ Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
Staff Investigator	$16,000

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date July 11, 1977

____
(Signature of Authorizing Official)

Louis Stokes
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:____________________
Chairman, Committee on House Administration

Office of Finance use only:
Office Code________
Monthly Annuity $________.00
FO 7/15

Copy for Initiating Office or Committee

M E M O R A N D U M

TO: ALL STAFF

RE: Payroll Certification

The Regulations and Accounting Procedures for Allowances and Expenses of Committees, Members and Employees of the U.S. House of Representatives require that, among other things, the Committee's monthly payroll certification include the relationship, if any, of each employee to any current Member of Congress. This certification is signed monthly by our Chairman.

The following are the relationships to be included in the certification:

father	nephew	brother-in-law
mother	niece	sister-in-law
son	husband	stepfather
daughter	wife	stepmother
brother	father-in-law	stepbrother
sister	mother-in-law	stepsister
uncle	son-in-law	half-brother
aunt	daughter-in-law	half-sister
first cousin		

Please complete the appropriate portion below, sign and date this form, which will then become a part of your permanent personnel file. If this status changes, you must notify the Committee's Budget Office immediately of the change.

/X/ I am not related to any current (95th Congress) Member of Congress.

/ / I am related to a current (95th Congress) Member of Congress. (Please specify.) ______________________

____

Elizabeth K. Kelleh
Signature of Employee

7/11/77
Date